MEDiC Student-Run Free Clinics

2016 - 2017

♦ Please Read Before Clinic ♦
MEDiC Outreach Program

MEDiC exists to improve the health of the underserved and to educate UWSMPH students. Established in 1990, MEDiC is a medical student organization comprised of the MEDiC Council as well as the following clinics:

**MEDiC Clinics**
- Grace Clinic
- Salvation Army Clinic
- Madison Dental Initiative Clinic
- Southside Clinic
- Safe Haven Psychiatry Clinic
- Michele Tracy Preventative Medicine Clinic
- Center for Families Pediatric Clinic

**Referral Clinics**
- Dermatology Clinic
- Physical Therapy Clinic
- Medical Therapy Management Clinic
Acknowledgments

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The Goals of MEDiC

The MEDiC Outreach Program was established in 1990 by first and second year medical students at the University of Wisconsin in partnership with Dr. Ted Goodfriend, MEDiC’s emeritus leader. Students work with volunteer faculty physicians and staff to accomplish two objectives:

1. To provide primary health care services and education to underserved individuals and families.

2. To complement the education of health professions students by providing opportunities to participate in patient care and learn about the social and economic conditions influencing the health of the underserved.

The organization of the clinics is overseen by a council of MEDiC student leaders from various health professions schools, with the support of over two hundred student volunteers who staff the clinics each year.

* Please note that it is not within the scope of MEDiC to treat all patients that are presented to the MEDiC clinics, but to screen patients, refer them as needed, advise them, and treat only those problems that we can.

About This Manual

For many of us, the MEDiC clinic experience is our first opportunity to venture into the real world of medicine and learn about helping people whose living or employment circumstances severely limit their access to health care.

This manual is meant as a primer to familiarize you with the unique aspects of each clinic. Some of the information (like where and when to show up) is fundamental, and some of it (the "how-to" stuff) we’ve included to help you feel better prepared for your experience. We ask that you review this information and complete the pre-test on page 2 before arriving at clinic. This is not an academic exercise; this is designed to help ensure we are providing adequate and responsible patient care.

Other things to keep in mind:

♦ You aren’t expected to know much of anything before you volunteer.
♦ Most students feel some anxiety about the experience. It’s normal!
♦ Your most important contributions are your enthusiastic attitude, willingness to learn, compassion, and sense of responsibility.
♦ You won’t solve every problem, but you’ll help.
♦ It’s okay to have fun!

Most importantly, THANKS for your help! The clinics wouldn’t exist without support from students. We hope you’ll find your clinic experience an exciting opportunity for personal and professional growth. Caring for patients is a serious responsibility. If you choose to volunteer, you agree to fulfill these responsibilities in a professional manner.
MEDiC Volunteer Pre-Test

Please answer the following True or False questions. The answer key is on the next page and all points will be covered in the manual.

1. You do not need to know how to take a blood pressure prior to volunteering at a MEDiC clinic.

2. If you're scheduled to volunteer, and it turns out you have an exam the day after your scheduled clinic date, you should call the clinic coordinator and ask to have your volunteering date moved to another time.

3. You should never wear a mask when interviewing a homeless patient. This can make the patient feel dirty or that you are not comfortable talking with him/her.

4. You must be familiar with HIPAA rules prior to your first MEDiC clinic visit.

5. If you have a follow up question about a patient you see, you should email the clinic coordinators by the following day. Your message should include the patient's name and presenting complaint, the name of the supervising physician, and your question/concern.

6. If you are volunteering at Grace clinic, you should arrive by 7:45 p.m.

7. To volunteer at the Southside MEDiC clinic, you must be able to speak Spanish.

8. Most of the MEDiC clinics see acute care patients only.

9. You should wear your white coat when volunteering at a MEDiC clinic.

10. All prescriptions written at MEDiC clinics are filled free of charge to the patient.

11. The physical therapy clinic is offered the 2nd Saturday of every month at the Southside clinic location.

12. You are required to have read the cultural sensitivity information in the MEDiC handbook before your first clinic visit.

13. Tears and saliva are two of the bodily fluids to which universal precautions apply.

14. BadgerCare, WIC, and Healthy Start are three programs providing free or low cost healthcare coverage for children and families.

15. Many SMPH students report that their volunteer experience at MEDiC clinics was the highlight of their School of Medicine and Public Health experience.
1. **TRUE** - MEDiC clinics are an opportunity to learn and practice a variety of patient care skills.

2. **FALSE** - Exams are not an acceptable reason to re-schedule or cancel your clinic date. You will have your exam dates before you sign up for MEDiC; block off any dates that concern you. If you do need to get a sub, it is your responsibility to find someone to fill in for you and to let the clinic coordinator know who will be standing in for you. Not showing for your shift compromises patient care and is a violation of professionalism. See page 5 for details.

3. **FALSE** - You should ALWAYS wear a mask if a patient is coughing. The incidence of TB is rising, and this is your best protection. Explain your precaution to your patient; in almost all cases, they will understand.

4. **TRUE** - You are required to protect patient information. Please see your MEDiC manual.

5. **FALSE** - This is a direct violation of HIPAA.

6. **TRUE** - All clinics operate slightly differently. Be sure you know all the important information about the particular clinic at which you’re volunteering. Volunteering at one clinic does not mean you know everything you will need to know at another clinic.

7. **FALSE** - Translators are available (see your manual for information about how to work with a translator). However, if you are fluent in Spanish, you may be the assigned Spanish speaking student for that day. If you need to re-schedule, you would then need to find a replacement student also fluent in Spanish.

8. **TRUE (mostly)** – Safe Haven sees patients with chronic as well as acute issues. Michele Tracy is a preventive health education clinic. Grace, Salvation, Center for Families, MDI and Southside are acute care clinics.

9. **FALSE** - Please dress professionally and take into account your environment. White coats are not necessary.

10. **FALSE** - There are times when patients can pay for their prescriptions (they may have money or MA); when they have to pay for a portion of it (if it’s more than we can afford - approximately $50 per Rx); or if the Rx is for a drug that we don’t pay for (e.g., Viagra). We do NOT write any prescriptions for narcotics.

11. **TRUE** - We also have a dermatology clinic the first Saturday of each month. Make sure you think about these opportunities when you interview patients. It is very important for patients with suspicious moles to be screened for melanoma.

12. **TRUE** - You should read the manual prior to volunteering for the first time. This information is very important and is provided to help you have a positive experience and provide optimal patient care.

13. **FALSE** - Only if these fluids are visibly bloody are they subject to universal precautions. See page 35 of your manual.

14. **TRUE** - We encourage all students to be familiar with local programs for the un- and under-insured. Please talk with your clinic coordinators for more information.

15. **TRUE** - We are very privileged to have this opportunity, and we hope that your experiences with MEDiC will be ones that will help you remember why you chose to pursue a career in medicine.
Scheduling

A mandatory orientation is provided for new volunteers early in the school year. An additional orientation is provided in the summer for anyone who could not attend. Attendance at orientation is MANDATORY for volunteers. In addition to attending orientation, you must read this manual carefully. This is not an academic exercise about patient care.

Medical student scheduling: Medical students and PA students are asked to complete a volunteer interest form. This form will be sent out via email in September, December, March, May, and July. Students will be scheduled according to their interests and availability. Please plan ahead when marking days you do not wish to work since you will be expected to attend clinic on the days you are assigned regardless of other conflicts such as exams, trips, etc. After the scheduling is complete a calendar will be e-mailed to the listserv. Check this list immediately and mark the days you are scheduled on your calendar whenever possible. Your next reminder will come via e-mail from the clinic coordinator a day or two before your clinic date. Regardless, you are expected to know your assigned date. Often it is too late to exchange days with another student. You are responsible for your shift and finding a substitute if needed.

Nursing student scheduling: Nursing scheduling occurs every other month. All nursing student volunteers are invited to complete a google drive survey of the available volunteer dates by checking which clinic dates they are AVAILABLE for. This way, the nursing scheduler can assign volunteers by first-come-first serve basis from dates that the student is available. After assigning each nursing student to a volunteer clinic position, the nursing scheduler emails the volunteer calendar to the MEDiC nursing volunteers. This gives volunteers ample time to find a substitute if they have made plans that conflict with their volunteering since filling out the availability survey. The nursing scheduler should also inform the volunteer of what to expect and assure him or her that more details from the clinic coordinator will be provided closer to their volunteer date. A new role that has been added to the nursing student scheduler is organizing the annual flu shot clinics. Each year, MEDiC hosts flu shot clinics at its various clinical sites: Safe Haven, Salvation Army, Michelle Tracy, Grace, VA, and Southside. The nursing student schedule is responsible for receiving 150-200 adult flu vaccines from the Dane Country Public Health office, and keeping them stored in the pharmacy building. The nursing student schedule reaches out to each clinic coordinator and sets a date and time for the flu shot clinic to be held for that year. The nursing student scheduler also reaches out to nursing faculty and 1st year nursing students, and creates a sign-up form for each flu shot clinic. On flu shot clinic days, the nursing student schedule is responsible for bringing the vaccines, and any additional materials to each clinical setting, and returning all materials back to the pharmacy building until the next clinic.

Pharmacy student scheduling: Paper sign-ups are available after the monthly Wisconsin Society of Pharmacy Students (WSPS) meetings in order to give priority to students who attend the meetings. The MEDiC pharmacy liaison will make an announcement during the meeting that shifts for the following month will be available after the meeting (ex. October meeting = present November shifts etc.). Students will line up and sign up for shifts after the meeting. Shifts that are not taken at the meeting will be compiled and put into a SignUpGenius form that will be emailed out in WSPS organization email that goes out to all WSPS students. The pharmacy liaison will upload the volunteers who signed up on the paper copy to the Google Drive schedule within 24 hours of the meeting. The pharmacy liaison will enter the students who sign up through SignUpGenius as responses come in. Students ARE NOT allowed to remove their names from SignUpGenius. If a volunteer has trouble finding a sub, they should contact the MEDiC liaison for help, but it is ultimately the volunteer's responsibility. Pharmacy COPs
Forms: Please direct all questions and requests for signatures of COPS sheets to the MEDiC Liaison. COPs sheets can be placed in the MEDiC mailbox #18 located by the faculty mailboxes near the Dean’s office (metal mailboxes). Once your form has been submitted, it will be verified, signed, and scanned by the liaison. The MEDiC Liaison will send you a confirmation email with an attached PDF copy of your form, which can then be uploaded to your Pharmacy Practice course site. The liaison will hold on to the original copy for safekeeping or will be returned upon request. If you do not receive a confirmation email within two business days of placing your form in the mailbox, please email the liaison. **DO NOT BRING YOUR FORM TO CLINIC! The “coordinator” who will sign your form is the MEDiC liaison.**

Physical Therapy Student Scheduling: 1st and 2nd year physical therapy students will have all scheduling coordinated through the PT MEDiC Coordinator. Sign-up sheets will be formed based on the master clinic schedule and administered each semester. A random number generator will assign each student a number to indicate the order of which they are allowed to sign up. Each student is required to sign up for one volunteer clinic day per semester, but is encouraged to pick up any extra shifts that are left over once everyone has had a chance to sign up once. The PT MEDiC Coordinator will then post all of the PT students’ volunteer dates on the master schedule found on the MEDiC Google Drive. Physical therapy clinic coordinators will send out reminder emails to all PT student and staff volunteers a few days before their assigned volunteer day. If a student is unable to attend their assigned volunteer day they are solely responsible for finding a substitution or switching with another student. **PT Clinic days must be covered by physical therapy students.**

PLEASE NOTE: It is your responsibility to know your assigned clinic date! The only reminder you receive will be from the clinic coordinator a couple of days prior to the clinic date. Requests for students to sign up will occur throughout the rest of the year.

◊ **Ground Rules for Absences ◊**

Since MEDiC is a volunteer organization, prompt and reliable attendance is essential in order for the clinic to function. As future health care professionals, we must accept responsibility for the care of our patients. Nowhere is this responsibility greater than at MEDiC clinics, where we may represent the only viable health care option for patients without insurance or other means of care. Furthermore, MEDiC is a popular organization in terms of student participation, and often cannot accommodate every student wishing to volunteer at a clinic. Failure to attend would be a disservice to those students who wanted to volunteer but were not assigned due to lack of available positions. A student’s absence means that fewer patients are seen and persons in need of our services are turned away. Professionalism begins now, as students. Studies show that unprofessional behavior as a student predicts unprofessional behavior as a professional. For this, and many other reasons, professionalism in health professional schools is a serious issue. For these reasons we have adopted a tough policy on attendance.

If an emergency arises (funeral, family crisis, etc.) and you cannot work at a clinic on your assigned date, you must find an alternate and notify the clinic coordinator of the switch. Please do not call the clinic coordinators and ask them to find someone for you until you have tried every other means at your disposal (mass email, telephone, calling in favors owed, etc.). If you are unable to find someone to take your place, PLEASE call the coordinator at least one day in advance and let him/her know you’ve made every attempt to find a replacement, but were unsuccessful. If your shift is a Spanish-speaking shift, please make every effort to find a student who speaks Spanish well enough that he/she does NOT need an interpreter to see a Spanish-
speaking patient. If you have a Reach Out and Read (ROR) shift, please find a substitute who is willing to come early and participate in the ROR program.

If you fail to find a substitute or notify the clinic coordinator ahead of time, you run the risk of losing your volunteer privileges at all MEDiC clinics for a period of time to be decided by the MEDiC council on a case-by-case basis. A letter will be sent notifying you of the situation and a copy of that letter will be placed in a MEDiC file for up to one year. Because this is a serious issue related to professionalism, this letter may be reviewed by the Dean of Students and taken into consideration in future evaluations of your professionalism as a student.

♦ Precautions Against Infectious Disease ♦

As in all clinic settings, there is a risk of exposure to infectious diseases. Although the risk to students working in the MEDiC clinics is generally low, students should be aware of the higher prevalence of some diseases in populations served by the clinics and consult with the attending physician regarding appropriate precautionary measures. Attendance at the UW School of Medicine and Public Health lecture on universal precautions is required for all medical student volunteers at the clinics. All students should have had a baseline PPD test and follow-up annual PPD skin tests. Students are reminded to observe universal precautions at all times and to wash their hands prior to and following each patient contact.

**HIV & Hepatitis**

HIV and Hepatitis may be more prevalent among homeless and other disadvantaged populations. Refer to the appendix of this manual for a summary of guidelines for the prevention of blood borne illnesses. Hepatitis B immunization is strongly recommended, and will likely be required for your future clinical work.

**Tuberculosis**

The incidence of tuberculosis is increasingly common in the homeless population and in immigrant populations. TB can be contracted through respiratory droplets coughed by a patient with active disease. Students should alert the attending physician to patients presenting with symptoms including cough, weight loss, bloody sputum, fever or night sweats, or known exposure to others with TB. Protective facemasks for use by providers are available at all clinics and should ALWAYS be used when actively coughing patients are present. The Public Health Department will contact clinics if a patient to whom volunteers were exposed is diagnosed with active TB. The medical director or coordinator will then contact any students at risk. Students will be re-tested three months after exposure through the UW Student Health Service. We have had TB exposures over the past few years. Always err on the side of caution.

**Pertussis (“whooping cough”)**

Pertussis is also increasingly common, largely because of low immunization rates. Early symptoms are similar to many other viruses, and include cough and pink eye. Vigorous coughing which results in vomiting is suggestive of pertussis, and later symptoms may include a whoop-like sounding cough. If you have been exposed to pertussis, a culture and two week course of oral Erythromycin may be recommended. Again, consult the attending physician immediately if you suspect a patient has pertussis. This illness is highly contagious. Protective
face masks for use by providers are available at all clinics and should ALWAYS be used when actively coughing patients are present.

**Chicken Pox**
If students have not had chicken pox, care should be taken to avoid contact with patients who have the disease. Symptoms include common viral symptoms and a typical rash.

*Please see [page 35](#) for MEDiC’s policy for handling dangerous exposures.*
INTRODUCTION
As a student providing services in the MEDIC clinics of the University of Wisconsin School of Medicine and Public Health, you are required to learn about the health information privacy and security requirements of the MEDIC patient records.

The MEDIC records are subject to Wisconsin law regarding medical record confidentiality. Please note the MEDIC records are NOT subject to the Health Information Portability and Accountability Act (HIPAA), a federal law covering identifiable patient information of most health care providers who bill for their services.

PRIVACY AND SECURITY PRINCIPLE #1: SAFEGUARD IDENTIFIABLE PATIENT INFORMATION
You must "safeguard" patient information in the clinic so that others will not see or have improper access to it. Use the following practices at the clinic:

- If you see a hard copy medical record in public view where patients or others can see it, cover the file, turn it over or face down, or find another way to protect it.
- If you talk about patients as part of your clinic duties, try to prevent others from overhearing the conversation. Whenever possible, hold conversations about patients in private areas.
- When hard copy medical records are not in use, store them in offices, shelves or filing cabinets. Lock these areas when possible, especially after business hours.
- Remove patient documents from faxes and copiers immediately.
- When you dispose of documents containing identifiable patient information, put the documents in confidential boxes for shredding.
- Be aware of and comply with MEDIC's policies and procedures regarding the physical security of your facility. If required, always wear your ID.
- You may only use and share identifiable patient information as necessary for your official duties at the MEDiC clinic. It is a violation of state law and ethical principles to use or share patient information for personal purposes. You may not share identifiable patient information with classmates unless required as part of your official duties at the MEDiC clinic. You may not, under any circumstances, share identifiable patient information with friends, family, or others not involved in the care of the patient.
PRIVACY AND SECURITY PRINCIPLE #2:
USE OR DISCLOSE ONLY THE MINIMUM NECESSARY PATIENT INFORMATION

If you use identifiable patient information, then you must follow the minimum necessary requirement by asking yourself the following question: “Am I using or disclosing more patient information than I need to?”

Example:
When creating a referrals document, the referrals team used initials and clinic location and date as identifiers to know with whom to follow up. However, some patients had the same initials and the coordination of referrals was becoming significantly harder with using only these qualifiers. In this case, the use of the month and day of birth may be a considered next step. However, the year will not automatically be added, thus adhering to disclosing the least amount of patient information possible while still maintaining clinic efficiency and quality patient care.

PRIVACY AND SECURITY PRINCIPLE #3:
KNOW WHAT USES AND DISCLOSURES OF PATIENT INFORMATION REQUIRE PATIENT PERMISSION

Except for CH.51 records concerning treatment for mental health, substance abuse, and developmental disabilities, you do not require patients’ permission to use or properly share identifiable patient information for purposes related to the treatment of that patient. All CH.51 records have additional security measures clearly outlined at clinics to which you must adhere.

Sometimes, law enforcement officials will request identifiable patient information. You should contact the MEDiC President and Community Service Programs Director, who will get in touch with the UW-Madison HIPAA Privacy Officer (608-890-3941) before responding to such requests.

If you receive any legal documents, such as a subpoena, court order, or summons and complaint, contact the UW ALS.

Other Activities that Require Written Permission (“Consent”)
In addition to certain treatment activities involving records concerning mental health, substance abuse, and developmental disabilities, other activities involving identifiable patient information require written patient consent, such as:

- Many research activities
- Most marketing activities
- Many fundraising communications
- Making disclosures to patients’ attorneys

If you are asked to use or share identifiable information for any of the above purposes, or some other purpose not discussed in this training, contact UW-Madison ALS or the UW-Madison HIPAA Privacy Officer before responding.

PRIVACY AND SECURITY PRINCIPLE #4:
PATIENT ACCESS TO OWN MEDICAL RECORD

Patients can ask to read their medical record and have copies made. You must follow MEDiC policies when providing access to or copies of records to patients.
◈ Grace Shelter Clinic ◈

Background

Grace was the first MEDiC clinic to be founded, in February, 1991, under the guidance of Dr. Ted Goodfriend, who served as the medical director until 2006. Dr. Karl Nibbelink is the current medical director. Its purpose is to provide health care to an underserved portion of the Madison population (homeless men) while offering an opportunity for students to provide community service and gain a broader background in clinical medicine. Clinic services are offered to residents of the Grace Shelter. The typical format: three medical students working with two physicians and one-on-one patient interviews. The setting is best described as minimalistic-no formal exam rooms or high-tech equipment. This format, the simple setting, and the attending physicians, are what make Grace so rewarding for students who volunteer there.

Time

Students should arrive at 7:45 pm on their scheduled Tuesday. Shelter doors open at 8:00 pm and shelter guests are registered and given dinner. The clinic typically runs from 8:15 until 10:00 pm. Volunteers usually leave by 10:15 pm. Men leave the shelter the following morning after breakfast. Please note that clinic runs from 6:45 pm-10 pm in the winter months. You will hear from the clinic coordinator directly whether your shift is part of the extended clinic hours.

Location

The Grace Shelter is located adjacent to Grace Episcopal Church, 116 West Washington Avenue, near the Capitol building on the square (Google Map). The shelter entrance is located in the courtyard opposite the main building; however, guests will be waiting at this location, which may make it difficult to enter. Simply excuse yourself past the guests and tell the desk attendant that you are here for the MEDiC clinic. Once inside the front door, take a left and proceed up the stairs to the second floor where the clinic is located.

Physicians, Staff, and Patient Population

The shelter is managed by Porchlight, Inc. (http://www.porchlightinc.org) and serves a transient male population. In 2007, homeless men received over 32,000 nights of emergency shelter at Grace/Porchlight. Dr. Karl Nibbelink serves as the clinic’s medical director.

One physician, either an Internist or a Family Physician, is scheduled along with a resident to staff the clinic each Tuesday. While you won’t know patients’ presenting problems in advance, it may be helpful to know that the most common medical conditions for which homeless men have sought care at Grace/Porchlight in the past: Dermatological problems (e.g., athlete’s foot); Upper Respiratory Infections (URI’s); and Musculoskeletal problems (e.g., muscle aches). Please remember, we now have a free dermatology clinic, PT clinic, and dental clinic to which you may refer patients.
Student Role, Clinic Flow

Three medical students (or the occasional pharmacy or PT students) volunteer each Tuesday using three separate “exam areas” to see patients. Students should arrive at the clinic site in professional attire with their nametag and instruments, if possible. White coats are not necessary. It is especially important that female volunteers dress conservatively and appropriately. After introducing yourself to the clinic staff, you may be needed to help with setting up the clinic. Ask how you can help.

The clinic coordinator will go downstairs to the dining room at about 8:00 pm and announce that the clinic is open. Most patients are familiar with the clinic and will wait on the first floor to be seen. If patients are waiting in the hallways outside occupied exam rooms, please ask them to wait at the first floor desk until the previous patient is finished. We do this to protect each patient’s confidentiality as much as possible in an environment that is not very private. When presenting patients please discuss with the physician in the central room so in order to protect each patient’s confidentiality as much as possible.

After greeting each patient, students ask the patient to describe their problem (“chief concern”) and take the patient’s medical history. Students are also encouraged to perform whatever pertinent physical exam skills they feel comfortable completing. The patient is then presented to the attending physician, who usually asks more questions and does a directed physical examination. Finally, the diagnosis and treatment plan are formulated and discussed with the patient.

After all of the patients have been seen, the physician reviews the patient charts and all participants are encouraged to discuss their cases as time permits. This wrap-up session may include a discussion of the relationship of homelessness to clinical problems and treatment or a discussion of other aspects of homeless life that affect health care.

Prescriptions, Referral and Follow-up Care

A stock of medications is available at the clinic. Please follow the instructions found in the prescription section of the manual for drugs used from the clinic supply or for drugs that require a prescription for the patient to fill on their own. Lab tests are not available on site, but patients can be referred to St. Mary’s Lab for free blood work. When necessary, referrals are made to the sources listed in the section of the manual regarding referral information.

Follow-up care is available for returning patients each Tuesday. Check the file cabinet for past charts and information on the patient’s previous visits. Medical problems not handled at the clinic are referred to the Veterans Administration Hospital (adjacent to the UW Hospitals) for care. Non-medical social assistance for patients is available by referral to Matt Julian, a social worker at Meriter who specializes in resources for homeless individuals.

Other

Clinic procedures and roles will vary somewhat and are best clarified with the volunteer physician before patients are seen. If time permits, ask patients about their homeless situation and some of the issues they face in their day-to-day lives. Most men are more than willing to talk about this. As always, patient confidentiality must be maintained. Dispose of biohazards and sharps as instructed.
Background

The Salvation Army Clinic was the second clinic organized by MEDiC. This clinic also opened in 1991, under the direction of Dr. Murray Katcher, Ph.D. Dr. Katcher resigned from his position in the spring of 2016 after nearly 25 years of amazing service and dedication to the Madison community. The current medical director at the Salvation Army is Dr. Calvin Bruce. The MEDiC clinic serves homeless families and single women who are residents of the Salvation Army shelter in Madison.

It operates with support from shelter staff, social workers, and volunteer receptionists, who ensure that residents needing care are seen and get any necessary follow-up care. The setting is basic: three offices are temporarily converted into exam rooms, each with a tackle box of supplies and a padded mat placed on top of the desk. Patients are seen for a variety of acute problems, the most common of which are upper respiratory infections, ear infections, and dermatologic problems (head lice, ringworm, rashes).

The Salvation Army has provided a homeless shelter for the city of Madison since the early 1980s. Organizationally, the Salvation Army is a Christian group dedicated to serving the poor and is organized similar to the Military. The “officers” are all ordained ministers. There is a church associated with the shelter and worship services are available but not mandatory. The Salvation Army shelter may house any homeless family, but is most often used by women and children. Residents in the family shelter are provided a room and meals. There is a ninety-day limit to the length of time that a family may stay. In addition to the family shelter, the Salvation Army also has a single women’s shelter that is located in the gym. Homeless single women are able to enter at 6:30 pm and receive a snack and cot to sleep on, but must leave by 8:00 am the next morning.

During the time that residents are at the shelter, they receive assistance in searching for permanent housing, employment, and appropriate childcare. There is a limited grant program to provide help with down payments and the first month’s rent if needed. St. Vincent DePaul and the Junior League may provide furniture and cleaning supplies. Additional services provided by the Salvation Army include: childcare during the time of the stay so that parents can go apartment or job hunting; cooking classes by a nutritionist; and counseling. The Tuesday night MEDiC clinic provides the only available medical services on site and has been invaluable for treating acute illness as well as helping patients to become established within the Madison area medical community.

Time

Students should arrive at the clinic at 6:40 pm on their scheduled Tuesday for a brief orientation and plan to stay until about 10:00 pm. Students should come dressed professionally and wear their nametags. It is not necessary to wear a white coat. Students who have their own medical equipment (otoscope, stethoscope, etc.) are encouraged to bring it with them to clinic.
Location
The Salvation Army Homeless Shelter Clinic is located on 630 East Washington Avenue just east of Blair Street (Google Map). The parking lot and entrance are located at the rear of the building on East Mifflin Street.

Physicians, Staff and Patient Population
The two student clinic coordinators manage the clinic along with the shelter social workers. An attending physician, usually a pediatrician or family physician, and frequently a resident are both scheduled to work at the shelter each Tuesday night. The patient population is mostly women and children who are seen for acute concerns.

Student Role, Clinic Flow
Upon arrival to the clinic, students should meet in the conference room for a short orientation and tour. The number of patients seen varies greatly, from as few as 2 to as many as 15. The Salvation Army Clinic’s intake volunteers are responsible for scheduling and rooming patients. They complete the patient’s basic demographic information, chief complaint, and vitals. As patients are roomed, the intake volunteers will report to the conference room and present the student volunteers with the information collected.

Medical students work in pairs with a student from the Pharmacy School or the School of Nursing. The team of student volunteers will take the patient’s pertinent history and conduct as much of the physical exam they feel comfortable with (or accompany the physician to observe). The patient is then presented to the attending or resident physician, who also examines the patient and completes the visit with the student. The student volunteers will complete the patient’s medical chart and will help dispense medications or make referrals as necessary. At the end of clinic, each student pair presents a patient that they found interesting/learned a lot from, and the attending physician and resident guide discussion about related topics of interest. These sessions serve as a time for question, answer and discussion.

Equipment, Supplies, Prescriptions, Referrals
Disinfectant is available and should be used on exam tables and mats between visits. Students and staff should use alcohol hand sanitizer between visits. Infant and adult scales are located in main hallway near the drug cabinet. Medical supply kits, blood pressure cuffs, and medications are available in the locked cabinets. Please follow the instructions found in the prescription section of the manual for drugs used from the clinic supply or for drugs that require a prescription for the patient to fill on their own. When necessary, referrals are made to the sources listed in the section of the manual regarding referral information.
Southside Clinic

Background
The Southside clinic was established in November of 1992 under the direction of Dr. Cindy Haq in response to medical student interest in more clinical volunteer opportunities. The clinic serves uninsured residents of a largely low income, racially and culturally diverse neighborhood in South Madison. Early in 2014, the clinic moved to its newest location, an Access Community Health Centers (ACHC) clinic that operates in the building Monday through Friday. The clinic has new, well-equipped exam rooms on site. The majority of patients seen are adults without medical insurance. An increasing percentage of the patients seen speak only Spanish, although patients come from a variety of backgrounds. Patients are seen for acute medical problems. The Department of Family Medicine provides administrative and financial support for this clinic.

Location
The Southside MEDiC Clinic is located at 2202 S. Park Street in the Access Community Health Centers clinic building (Google Map).

Time
You should arrive at the clinic at 8:15 am for an orientation to the clinic and review of the schedule of patients to be seen. Please wear casual professional attire, and bring your nametag and stethoscope. White coats are not necessary. Patients are seen between 9:00 am and noon, followed by a wrap-up session. Plan to stay until the close of clinic, usually about 1:00 pm. If you are sick or will be late, call the clinic coordinator as soon as possible.

Patient Population
Southside provides free medical care to adults (and occasionally children) without health insurance. Southside sees patients on a first come, first served basis. Frequently, patients begin lining up at the door as early as 7:00 am. Because many patients speak Spanish, Spanish-speaking students are scheduled each week. MEDiC also staffs bilingual desk coordinators who triage patients and assist with Spanish translation needs.

Good patient care depends on good communication between the care provider and the patient. This is more complicated when the care provider and the patient speak different languages. Many students have studied Spanish, and may feel they have excellent Spanish language skills. Translating in a medical situation, however, can be more challenging than speaking Spanish. For that reason, and to ensure the best possible care for our patients, phone interpreters are always available and should be utilized when needed.

If you have never seen or experienced medical translation situations, here are some things to keep in mind if you’re working through another student who is acting as a translator:
If possible, the translator will stand slightly behind you (the care provider) to best facilitate communication.

You (the care provider) should speak directly to (and look at) the patient, NOT the translator.

The patient should be encouraged to speak to (and look at) you (the care provider).

Use the simplest vocabulary that will express your meaning and avoid jargon or technical terms.

Check to see if your message is understood (have the patient review and confirm their understanding with the translator).

Ask only one question at a time.

Limit your use of gestures.

Speak in a normal voice, clearly and not too fast or too loudly.

For additional information, please refer to the Provider's Guide to Quality and Culture at:

http://erc.msh.org

Services

Because Southside is seeing an increasing number of patients (now 10-15 patients each Saturday), services are limited to care for minor illnesses and injuries, health and social service information, referrals, and medications for non-chronic conditions. Please see the section of the manual regarding referrals for instructions on how to fill out the forms. When working at the clinic, questions regarding referrals can always be directed to the clinic coordinators. Lab and X-ray services are provided at no charge by St. Mary’s Hospital Medical Center to patients who need these tests and are unable to afford them. At the present time, routine physical examinations, pelvic examinations, treatment of STDs, immunizations, mental health treatment, and care for patients with complex or severe chronic conditions are not available at the clinic. The clinic is able to do dipstick urine tests, glucose testing, and rapid flu and rapid strep tests. An effort is made to refer patients to primary care providers when possible or direct patients needing those services to appropriate low-cost community resources.

Physician, Staff and Student Roles

Two to three volunteer providers, the medical student clinic coordinator, and two front desk coordinators typically staff the clinic each week. If a resident is available to volunteer, this usually allows more patients to be seen. Dr. Dan Barry is the medical director. Kristi Jones provides administrative supervision for the clinic and the front desk staff.

The student coordinator orients medical teams to clinic procedures. The front desk coordinators provide administrative support, collect intake information, triage patients, monitor patient flow, translate, and assist with referrals to community agencies or providers. Questions or problems regarding clinic operations should be brought to the attention of the clinic administrator or student coordinator.
Each week, four first- and second-year medical students, one physician assistant student, as well as a pharmacy student and physical therapy student pair to form clinical teams. Students negotiate their roles during the patient encounter based on their knowledge, skill, and comfort level. First year medical students are typically paired with more experienced second year medical students, nursing, or PA students. Less experienced students often observe initially, but are then encouraged to play a more active role in the patient encounter. The student team accompanies the patient from the waiting area to an exam room, takes the patient's weight, height, vital signs, and health history, and performs a focused physical examination to the best of their ability. Students do not perform breast and genital exams. Findings are presented to the attending or resident physician who then sees the patient and assists students with the assessment and treatment plan, and chart notes. The faculty (attending) physician must co-sign the charts when completed.

*Please be aware of confidentiality issues when discussing patients in the staffing area!*

**Follow-Up and Referral Guidelines**

Because there are no MEDiC representatives present at the clinic site on weekdays, patients need to be given clear instructions regarding treatment and follow-up before leaving the clinic. Patients should be made aware of the difference between MEDiC’s Saturday clinic and Access Community Health Centers (ACHC), which operate during the week in the same location (MEDiC clinic is not a part of ACHC).

Children who need ongoing medical care are referred to Access Community Health Centers. When necessary, referrals are made to the sources listed in the section of the manual regarding referral information. Referral and social service information is available at the clinic in English and Spanish.

**Equipment, Supplies, and Prescriptions**

The clinic is equipped with several exam rooms, a conference area, a waiting room / front desk area, and a supply room. Most supplies are on hand, but you should bring your own labeled stethoscope.

Please follow the instructions found in the prescription section of the manual for drugs used from the clinic supply or for drugs that require a prescription for the patient to fill on their own. Most clinics will have a Pharmacy Intern, who handles all prescriptions for student staff. Many monolingual Spanish-speaking patients may not find any Spanish speakers at their pharmacy. It is critical that you ensure that the patient fully and completely understands the prescription instructions in their native language prior to leaving the clinic.

**Clinic cleanup is the responsibility of all students.** Before leaving, please ask the student coordinator or front desk coordinators what needs to be done.
Michele Tracy Clinic (Porchlight)

Background
The Michele Tracy Clinic began as a collection of preventive health clinics designed to benefit the residents of the Porchlight community. The program was first coordinated by Elizabeth Bahn in 1997 and continued by Michele Tracy in 1998 and into 1999. Porchlight maintains 102 transitional housing units that are made available to low-income adults at reduced rates. A large number of the residents are or have been affected by alcohol and other drug abuse. A proportion of the residents also suffer from mental and physical health problems. Lack of education about proper health care and a deficiency in self-advocacy skills has made this population more susceptible to illness and poor health care maintenance. In response to this situation, the Michele Tracy Project began to provide educational and emotional support for the residents so they might assume a stronger role in meeting their individual health care needs.

In the fall of 1999, the project was formally adopted as a MEDiC clinic, and given the name Michele Tracy Project after the late Michele Tracy from the UWMS class of 2002 who was tragically killed during an outreach trip to Africa. The project received a grant to assist in the coordination of the clinic as well as to provide funds for various health care supplies needed by the residents. The following topics have been addressed at the clinic: General Health Care, Medications, HIV, Flu and Respiratory Health, First-Aid, Hygiene, Infectious Diseases, Men’s/Women’s/Sexual Health, Cardiovascular Health, Vision and Hearing Screenings, Dental Health, and Summer Health. The Michele Tracy Project differs from other MEDiC clinics in that it does not provide acute care. The Project focuses on prevention and education for the residents of Porchlight. Medical students and physician assistant students give talks and support to the residents of Porchlight and work with pharmacy and physical therapy students depending on the nature of the topic. For more information on Porchlight visit: http://www.porchlightinc.org/

Time
The Michele Tracy clinics are commonly held one Tuesday of every month, excluding June, July, and August. The clinics begin with a brief introduction and student orientation at 5:15 pm and residents arrive at 5:30 pm. The clinics end between 7:30 pm and 8:00 pm.

Location
This Porchlight facility is located at 306 North Brooks Street (Google Map). Most clinics are held in the Multi-Purpose room. The front door is always open and serves as the entrance for anyone volunteering at the clinics. Parking is available behind Porchlight off of the alley between Luther Memorial Church and Porchlight or on the street in front.
Safe Haven Psychiatric Clinic

Background

The Safe Haven Volunteer Psychiatric Clinic was founded in 1996, by UW medical students under the guidance of Dr. Ron Diamond. Clinic is held every other Wednesday evening at the Safe Haven shelter, located on the northeast side of Madison. Safe Haven serves patients with mental illnesses living at the Safe Haven shelter, those referred from other MEDiC clinics, and individual patients from the Madison-area community.

The Safe Haven shelter opened in July 1995 and is managed by Porchlight, Inc. This shelter is a 14-bed home serving homeless men and women with severe and persistent mental illnesses. The shelter houses patients with Schizophrenia, Depression, Bipolar Disorder (I and II), Alcohol/Drug Addiction, Post-Traumatic Stress Disorder, Obsessive-Compulsive Disorder, and Anxiety disorders. Safe Haven accepts referrals in several ways, including from other overnight shelters, Dane County Crisis Center, hospitals, and the Mendota Mental Health Center.

Time

Please arrive at the clinic by 6:20 pm and plan to stay until 9:30 pm, although we may finish early depending on how many patients are seen. Typically, two to five patients will be seen in one evening. The length of patient visits varies – a new case will last longer than a follow-up.

Location

Safe Haven is located at 4006 Nakoosa Trail, Madison, WI 53714 on Madison’s northeast side. Please click the links for Google Maps directions to Safe Haven from the HSLC by car and bus.

Physicians and Staff

Dr. Ron Diamond, the founder of Safe Haven, currently serves as medical director. Staff from Safe Haven will be there when you arrive, and help manage patient scheduling. A social worker and Porchlight-affiliated supervisors are available on site during clinic hours. Staffing physicians are psychiatric residents or psychiatrists, and the Safe Haven Clinic Coordinator.

Student Roles

Please wear semi-professional attire and your nametag. Due to the sensitive nature of psychiatric interviews, only one student is scheduled for clinic on any given Wednesday.

Students will most likely observe the patient interview rather than conduct an exam or take a history themselves, though students will be asked to help fill prescriptions, contribute to discussion, and ask thoughtful questions. Compassionate, careful listening skills are your best asset, and you will learn much about psychiatric interviews, procedures, and motivational techniques. The physicians are extremely knowledgeable and happy to answer questions.
Physician/student interaction is strongly encouraged; all of our volunteer psychiatrists genuinely enjoy talking with students. Volunteering at Safe Haven provides a very unique opportunity to observe several psychiatric interviews with a diverse patient population, and deep insight into the field of psychiatry.
Center for Families Pediatric Clinic

Background

The Center for Families Pediatric clinic opened in June 2015 under the direction of Dr. Dipesh Navsaria, MD, MPH, MSLIS. The Center for Families is a nonprofit organization that provides a comprehensive array of social services dedicated to addressing the broad needs of families in the Madison community. Many of the children served through CFF come from underserved households, with 85 percent living at or below 100 percent of the federal poverty line.

MEDiC operates one Wednesday per month at Center for Families alongside staff from CFF’s various family-focused programs, which allows children seen at the clinic to receive both acute medical care and a comprehensive social screening. This clinic is the first of its kind in the Madison area to offer routine psychosocial screening to address upstream factors, such as access to housing and healthy food, that may affect the health of children and families.

Center for Families Clinic also participates in Reach Out and Read in order to encourage and support children’s language and literacy development through advice and support of daily reading together with their parents. Volunteers read to children during clinic and give a new book to each child seen.

Time

The clinic is scheduled on the third Wednesday of every month. Students will arrive at 6:40 pm for a brief orientation. The clinic will open to see patients at approximately 7:00 pm. The clinic is expected to end between 9:30 and 10:00 pm.

Location

The clinic is located on 2120 Fordem Ave, Madison, WI 53704 (Google Map). This is approximately 10 minutes from the capitol by car. Start out going east on W. Johnson St. (away from campus, towards the capitol). Turn left onto Fordem Ave. Center for Families is about half a mile down Fordem Ave on your left. Parking is available in the building’s lot. Bus #2 stops on Fordem Ave.

Physicians, Staff and Patient Population

Dr. Dipesh Navsaria is the current medical director. One attending physician and possibly one resident will be scheduled for each clinic. Patients are children with acute health problems of families who are clients of the Center for Families and the DAIS Shelter.

Student Roles

Please wear nametags and semi-professional attire. Please bring any physical exam equipment that you have. A pair of students, usually a multi-disciplinary team (e.g., one PT and one medical student), will interview a patient. After the history and physical exam has been completed to the best of the students’ abilities, they will confer confidentially with the staffing
physician. The staffing physician and the students will then revisit the patient to obtain any additional information that is needed (if required or deemed medically necessary by the physician). The staffing physician and the students will again leave to confer confidentially and decide on a treatment plan that they will then present upon returning to the patient. The students will answer any patient questions to the best of their ability and will confer again with the physician if necessary in order to adequately address patient needs. When the patient’s visit is completed, a waiting patient may be roomed and the process repeated.

**Prescriptions, Referrals**

Please follow the instructions found in the prescription section of the manual for drugs used from the clinic supply or for drugs that require a prescription for the patient to fill on their own. When necessary, referrals are made to the sources listed in the section of the manual regarding referral information. Please make sure the “generic” option is checked “yes” on all prescriptions.
Madison Dental Initiative Clinic

Background

The Madison Dental Initiative clinic, formerly known as Salvation Army Dental clinic, was established in the summer of 2009. It was founded by Lisa Bell, the State Public Health Dental Hygienist, and Drs. Matthew Kutz and Laura Tills, in order to help meet the oral health needs of residents of the Salvation Army homeless shelter.

Establishment of the Dental Clinic was made possible by both a grant for set-up costs and equipment as well as collaboration with the Salvation Army and the MEDiC Council. Expansion of the Dental Clinic was made possible by a grant from Delta Dental, a matching grant from the UW-Madison Morgridge Center for Public Service, and a gift from Heartland Credit Union.

In 2010 the Madison Dental Initiative was established to help ensure the sustainability of this clinic. Students volunteering at the Dental Clinic are exposed to an area of medicine that is often only touched briefly upon in their respective schools: the practice of oral/dental health and the public health issues that surround it. The Dental Clinic not only provides students with this unique opportunity, but is also invaluable in providing dental access to Salvation Army residents.

Time

The clinic is scheduled on every Thursday. Students will arrive at 5:15 pm for a brief orientation. The clinic will open to see patients at approximately 6:00 pm. The clinic is expected to end around 9:00 pm. Students should come dressed professionally and wear their nametags. It is not necessary to wear a white coat. Students who have their own medical equipment (otoscope, stethoscope, etc.) are encouraged to bring it with them to clinic.

Location

The Salvation Army Homeless Shelter Clinic is located on 630 East Washington Avenue just east of Blair Street (Google Map). The parking lot and entrance are located at the rear of the building on East Mifflin Street.

Student Roles

Please wear nametags and semi-professional attire. The role of students at MDI is different than at other MEDiC clinics. Students will conduct a very basic medical history of patients and primarily shadow dentists to gain a better understanding of the intersection between oral health and other aspects of medical care. Volunteers report directly to the MDI director, Aaron Warren. There are no student clinic coordinators present and no medications can be given by MEDiC directly.
In the fall of 2014, MEDiC implemented an electronic patient encounter document (generally referred to as the PED). This allows for more dynamic tracking of patient records, improved access to patient charts, and a more realistic workflow for students who will be expected to use electronic medical records throughout their careers. Please see PED training materials for more information about the PED.
“Presenting” a Patient

In most cases, the medical student, either alone or with a partner, will see the patient first to take vital signs, collect information on the chief complaint, complete the history, and do at least part of the physical examination. After the initial encounter, the student will typically “present” the patient to the faculty or resident physician.

The presentation of a patient to a faculty member or consultant is a skill that will grow over time. Knowing the patient, the history of their presenting complaints, and something of their background is essential. Organizing this information clearly and succinctly is also important. Though there are several styles of presenting, the following guidelines are useful for the outpatient setting:

Brief introduction of patient: Include as appropriate: age, gender, ethnicity, culture, occupation, and living circumstances.

“Mr. Smith is a 45 year old white single male from Africa, unemployed, living alone”
“Mrs. Alvarez is a 23 year old married Latina woman from Mexico, employed with two part time jobs, living with husband, two children, and 3 extended family members”

Presenting complaint: Include onset, severity, and description of symptoms, as well as what the patient may be worried about.

“Three days of sore throat, fever to 102 F., chills, and generalized muscle aches, worried about strep throat.”

Pertinent past medical or social history: Include chronic diseases, current medications, financial status if unable to afford drugs or further tests, and affected family members.

“Diabetes for 5 years, takes a ‘pill’ but ran out last week, 7 year old child has similar symptoms, allergic to penicillin, smokes one pack of cigarettes daily, is unemployed but eligible for Medical Assistance.”

Examination findings: Include what you examined, what you found, and what you have questions about.

“I looked at the head, eyes, ears, nose, and throat and listened to the heart and lungs. She looks tired, temperature is 101 F., the tonsils are large, red, and have pus on the surface, the anterior cervical lymph nodes are tender, the lungs sound clear.”

Your assessment or questions about the patient: What you think is going on and / or what you need the faculty member to clarify or re-examine.

“It looks to me like strep throat but I don’t know how to tell for sure or how to treat her. I’d like you to check her throat and lungs again to make sure of the findings. Is this the time to work on getting her to stop smoking?”

Jointly the students and physician decide on the diagnosis and develop a plan for treatment and follow-up that is discussed with the patient.
Guidelines for Dispensing Drugs & Writing Prescriptions

1. GENERAL RULES FOR PRESCRIPTION MEDICATIONS

A. Always ask if a patient has the ability to pay for their own prescriptions.

B. Do not write prescriptions for drugs for which adequate samples or stock bottles are on hand. (Check the inventory sheet).

C. Prescriptions with the MEDiC stamp may NOT be refilled.

D. Due to the high potential for abuse, narcotic prescriptions are not given at any MEDiC clinics.

E. Do NOT sign a prescription as your own. You may write it, but a physician must sign.

F. When appropriate, please write for GENERIC MEDICATIONS ONLY. While this is ultimately up to the physician’s discretion, it helps to ensure MEDiC will have funds to help as many patients as possible.

2. HOW TO OBTAIN A DRUG/PRESCRIPTION

A. DRUG CABINET

A supply of drugs and other supplies is available at each clinic. If a patient needs a drug as part of their treatment, the first step in obtaining it is to check the supply cabinet to see what is available. If a drug from the cabinet is to be given to a patient, a prescription needs to be filled out including the drug name, lot number, expiration date, quantity administered, dosage instructions, and the physician’s name and signature. Please put the white copy of the prescription in the envelope on the drug cabinet and insert the yellow copy into the patient’s file. If you are administering a drug from a large stock bottle, please count out the appropriate amount of pills, mL, etc., and place in a small dispensing bottle with a cap. Ask the coordinator for labels to write dosage instructions for the patient along with the physician’s name. If a third-year pharmacy student is staffed as an intern, they will prepare the medications and counsel the patient for you.

B. MEDiC FUND

If a drug is not in stock and a patient has no insurance or Medical Assistance and cannot afford the prescription, up to $50.00 can be covered by the MEDiC fund at Walgreen’s, Schaeffer Pharmacy, or Community Pharmacy. The MEDiC fund is intended to only cover medications for acute illnesses, not long-term medications. On rare occasions exceptions to these limits may be made. If the MEDiC fund is to be used, the prescription should be written and stamped with “MEDiC FUND.” MEDiC stamped prescriptions should never indicate that refills can be given. The white copy of the prescription is given to the patient and the yellow copy should be placed in their file. The prescription can be filled at Target Pharmacy, Community Pharmacy on 341 State St, Schafer Pharmacy on Williamson St., or at the following Walgreen’s locations: South Park St., East Washington Ave., or Whitney Way. Because the MEDiC fund is limited and must cover all clinics, please check the drug supply cabinet and the patient’s ability to pay before stamping a prescription.

C. OTHER INFO

All drugs prescribed, whether from the cabinet or to be filled upon leaving clinic, must be recorded on the summary drug sheet at the end of each clinic. The clinic coordinator
should hand out this sheet to all volunteers in order to record the drugs being given out or prescribed and the lot and expiration date. This is important in order for MEDiC to track drug supplies and patient needs. Patients needing TB medication will need to be monitored by the public health department, who will also supply necessary medications. Explore alternative ways of paying for long-term medications with the patient.

All patients should receive counseling on medications dispensed from the cabinet or prescribed. Be sure to tell the patient the name of the medication, why they are taking it, how to take it, what to expect from the medication (desired and adverse effects), and when to follow up with a health care professional. All patients who receive a medication from a MEDiC clinic should receive an information sheet for that medication – talk to your clinic coordinator to find out where these are in clinic.

3. All prescriptions should include the following information written CLEARLY:
   A. Name of patient
   B. Date
   C. Name of drug (generic preferred)
   D. Strength of drug (usually in milligrams)
   E. Type of vehicle (capsule or tablet, liquid suspension, or inhaler; pharmacist will assume pill form unless specified)
   F. Instructions for administration (amount and frequency of administration)
   G. # Dispense indicates amount of drug (number of pills, cc of liquid, grams of ointment, number of inhalers)
   H. No refills
   I. Faculty signature (must be signed by a licensed MD)
   J. Faculty name printed

   IT IS YOUR JOB TO MAKE SURE THAT ALL COMPONENTS OF THE PRESCRIPTION ARE LEGIBLE (INCLUDING THE PHYSICIAN’S NAME) AND TO ASSURE PATIENT COMPREHENSION.

4. Some commonly used prescription abbreviations:

   sig = signature
   (instructions for use)
   BID = twice daily
   TID = three times daily
   qHS = every night
   q6 hr = every six hours
   prn = as needed
   x7d = for seven days
   T = 1
   TT = 2
   TTT = 3
   PO = per orum (by mouth)
   PR = per rectum
   x7d = for seven days

5. Sample prescription:

   Patient Name: Sue Brown   Allergies: none
   Date: 6/9/06
   Indication: ear infection
   Rx: Amoxicillin suspension
   250 mg/5cc
   Sig: 4 cc PO TID x 10d
   Disp: 150 cc
   Refills: 0

   FROM THE MEDIC FUND

   Signed: __________________, M.D.
   Printed name: J.M. Green, M.D.
Referral Information

Because of the generosity of several medical facilities in Madison and the hard work of past and present MEDiC council members, MEDiC has developed the capacity to refer limited numbers of patients in need of further evaluation, specialty services, labs, or x-rays for free or considerably reduced cost. There are two systems of referral that exist, in the form of those external clinics and societies who provide services within their systems, and the internal MEDiC referral clinics, which are staffed by MEDiC volunteers. These MEDiC referral clinics provide another means for patients to receive specialty care in dermatology, physical therapy, and advanced eye care within the MEDiC clinic system.

Referrals are available to the following locations:

1. St. Mary’s: x-rays with reports and lab work ups
2. UW Northeast Clinic: primary care visits for up to three MEDiC patients per month
3. UW Wingra Clinic: primary care visits for two Spanish-language-only patients per month
4. Madison Dental Initiative: fillings and tooth extractions as needed for up to 8 MEDiC patients per month
5. BSP Clinic: specialty consultative services in specified fields
6. UW Specialty Clinics: specialty procedures for up to five MEDiC patients per month
7. UW Eye Clinic: routine vision screening for adult and adolescent MEDiC patients
8. MEDiC Pediatric Eye Clinic: routine vision screen for MEDiC patients age 10 and under (one Thursday per month, dates vary)
9. MEDiC Dermatology Clinic: 1st Saturday of every month
10. MEDiC Physical Therapy Faculty Clinic: 2nd Saturday of every month
11. MEDiC Medical Therapy Management Clinic: 4th Saturday of every month
12. Share the Health
13. Planned Parenthood

MEDiC’s Referral Clinics

Dermatology Clinic
The dermatology clinic is held from 9:30 AM - noon on the first Saturday of every month. Dr. Will Augenbaugh and dermatology residents volunteer their time in this clinic. The clinic is held in the same facility as the Southside clinic, but patients from all MEDiC clinics can be seen.

Physical Therapy Clinic
The physical therapy clinic is held on the 2nd Saturday of every month from 9 AM - noon. This clinic is also held in the same facility as the Southside clinic. Faculty from the Physical Therapy Department of the University of Wisconsin SMPH volunteer with physical therapy students to provide broad clinical expertise. This allows those patients referred to the clinic to be seen for a wide array of conditions, ranging from musculoskeletal conditions to stroke recovery.

Eye Referral Clinic
Dr. Amy Walker volunteers eye care services to pediatric patients at the University Park Eye Center one Thursday each month. These appointments are held in the evening. Only children age 10 and under can be referred. If needed, MEDiC can frequently help the patient obtain free eyeglasses.

Dental Referral
A local dentist volunteers his services free of charge for MEDiC patients who meet the following eligibility requirements: 1) Uninsured (this means no Medicaid and/or no Badgercare) and 2)
Have severe tooth pain, severe tooth decay, or dental cavities. If more complicated procedures are required, payment will be arranged between the dentist's office and the individual patient. Appointments are scheduled by the MEDiC referrals coordinator who will notify the patient. Spanish language translation can be provided.

◊ The Referral Process ◊

The clinic coordinator at each MEDiC site has access to the proper forms needed for each referral. If the attending physician decides that it is necessary for a patient to receive a referral, the student is responsible for filling out the appropriate form. It is extremely important that the form is filled out completely and legibly and includes the physician's printed name, signature, address, fax #, and phone #. Please ask the clinic coordinator about any questions regarding these forms. If they are not adequately filled out the referral cannot be accepted.

*** Any delays in referral processing will delay a patient receiving care. ***

Your error could compromise patient care.

An example from exam week, Spring 2006:

A woman was seen at a MEDiC Clinic on the third week of April and referred to a primary care clinic for management of her diabetes. However, the financial form was not filled out at clinic, so the referral had to wait until all the necessary paperwork was complete. Without this paperwork, the clinic would not have qualified the patient for free care. The clinic coordinator asked the patient to return to the MEDiC Clinic the following week (fourth week of April) to fill out the financial form, and the complete form was then given to the referrals coordinator the following Monday (May 1) at school. When the patient called the primary care clinic, she had difficulties communicating with the receptionist, and wasn't able to schedule an appointment. Instead, she called MEDiC that Friday afternoon (May 5) to explain her difficulty and ask for help. We sorted out the issue the following Monday (May 8). This patient had to wait two weeks to be able to even make an appointment. What could we have done better? Made sure the paperwork was correct the first time!

The patient above was referred to a clinic that only accepts one MEDiC patient per month. As a result of the delay, we wasted our April referral, and used our May referral May 1st. A second patient with an extremely painful pilonidal cyst was at a MEDiC clinic the first week of May. She was referred to the same primary care clinic to have the cyst drained, and to receive the necessary follow up care (Google “pilonidal cyst” and do a little reading, and you’ll understand how much is required to treat this). The one and only May referral to this clinic had already been used, but this patient could not wait a month to be treated. Many people involved in this patient’s care, both directly and indirectly, spent much of Monday and Tuesday scrambling and asking for favors in order to get this patient treated. The referrals coordinators alone spent at least eight hours during the first two days of exam week working on this, but were eventually able to make an appointment for the patient.

The point I hope to share with you is that paperwork is not just a silly burden that we need to deal with. It actually affects patient care. For scarce referrals, it can impact multiple patients. Please fill out all the required paperwork when the referral is initially made. It’s less work when we all get it right the first time, and don’t need to go back to have patients fill out forgotten forms. But what’s more important than the amount of work required of us is the fact that our patients are counting on us, and referring them as expediently as possible is the least we can do.
Reasons to Refer To Physical Therapy

Physical therapy students are capable of the evaluation, diagnosis, and/or the therapeutic rehabilitation of the following issues in order to promote ability, function and wellness:

Neuro/Musculo/Skeletal/Integumentary Complaints

- Back/Neck, and Dysfunction, Injury (including Low Back Pain, Whiplash, s/p MVA, Headache)
- Pelvic Pain and Dysfunction (pain syndromes, post partum pain, and incontinence)
- Joint/Ligamentous Pain and Dysfunction, Injury
- Musculotendinous and Fascial Pain and Dysfunction, Injury (Pain, Spasm, Sprain, Strain, Hypertonicity, Spasticity, Weakness, Contracture, etc.)
- Nerve Injury and Entrapment Syndromes, Numbness, Tingling (Carpal Tunnel Syndrome, Thoracic Outlet Syndrome, Sciatic Syndrome, etc.)
- Postural Pain, Abnormal Posture (causing pressure on joints, hyper/hypomobility, muscle trauma)
- Balance, Coordination and Safety Issues (falls, dizziness, mobility impairments)
- Problems with Mobility (Gait, Sitting, Standing)
- Decreased Range of Motion (Soft tissue contracture/adhesion, post immobilization dysfunction)
- Muscle Weakness and Deconditioning
- Cardiovascular/Pulmonary Deconditioning, Stable Vascular Disease
- General Exercise Education
- Wound and Burn Care, Foot Ulcers, Skin Breakdown, Lymphedema, Swelling, Effusion
- Chronic Pain Rehabilitation and Assistive Devices
- Neurological Dysfunction, Injury Rehabilitation (to maximize abilities, wellness, and recovery)

Who Are Physical Therapists and What Do They Do?

Physical Therapists (PTs) are licensed health care professionals who diagnose and oversee the management of patients with movement disorders, and improve the physical and functional abilities of people throughout the lifespan. PTs also play a role in helping individuals maintain optimal health and fitness, and prevent the onset or progression of impairments, functional limitations, and disabilities related to disease, disorders, and other conditions.

What Do Physical Therapists Treat?

The four physical therapy practice areas are musculoskeletal, neuromuscular, cardiopulmonary, and integumentary. A few examples of conditions that may lead to functional limitations are as follow: back and neck injuries and pain, sprains/strains and fractures, wounds, stroke, spinal cord injury, arthritis, heart disease, progressive neurological dysfunctions such as multiple sclerosis, congenital abnormalities, knee injuries, overuse injuries, cancer, peripheral vascular disease, and traumatic brain injury.

In What Settings Do Physical Therapists Practice?

Physical therapists practice in a wide variety of settings, including private practices, emergency rooms, hospital inpatient and outpatient rehabilitation centers, skilled nursing facilities, sub-acute facilities, patients' homes, higher education settings, research settings, schools, fitness centers, office or industrial workplaces, and sports training centers.

Physical Therapy Education and Licensure

In order to practice as a "Physical Therapist," one must have graduated from an accredited physical therapy program, pass the National Physical Therapy Examination (NPTE), and be licensed in his/her given state(s). Physical therapists often pursue professional development opportunities, including post-professional degrees, such as Doctor of Philosophy (PhD), Doctor of Science (DSc), Master of Science (MS), Master of Arts (MA), Master of Business Administration (MBA), or Master of Public Health (MPH) degrees. Clinical residency and specialization opportunities are also available to PTs. Examples include Orthopedic (OCS), Neurologic (NCS), Pediatric (PCS), Sports (SCS), Geriatric (GCS), Cardiovascular and Pulmonary (CCS), and Clinical Electrophysiologic (ECS) clinical specialty certifications.
Reach Out and Read (ROR) is a national program that supports children’s language and literacy development, which is essential for young children to be on schedule with their learning progress before they begin school. Studies have shown that promoting pediatric literacy leads to significant improvements in preschool language scores – a good predictor of later literacy success.

ROR’s three main components:

- Medical and health professions students advise parents on the importance of reading aloud to young children – including age-appropriate strategies for enjoying books with infants and toddlers. As a part of this component, the student volunteer fills out a ROR prescription for reading aloud.

- Children receive a free book in the waiting/reading area or the exam room from a MEDiC volunteer.

- Volunteers read aloud to children in the waiting room, modeling this behavior for parents.

As a volunteer reader in the waiting room your role is to provide a positive reading experience for the children, and to model reading aloud for parents. Some parents may have never seen good reading aloud techniques themselves. You may find yourself reading to one child or to a group of children, depending on who is in the waiting room.

Volunteer readers are often the first face of ROR that parents and children see when they arrive for their visit. By listening to stories, children learn that they enjoy books, and that being read to is a treat - a message that should be reinforced in the medical visit. By watching volunteer readers with children, parents learn how reading aloud works and see how much their child enjoys the experience. Hopefully, the parent will repeat this activity at home!

POINTS TO REMEMBER:

1) Please take the time to discuss this program with every parent or guardian accompanying a child.

2) Complete a “Reading Rx” and give to the parent.

3) Make sure that the child gets to choose one NEW book. This book is theirs to KEEP. Help the child write “This book belongs to: (child’s name)” to ensure that the child and family know that the book is a gift.

4) Read to the kids - make this interactive, informal, and fun!! Ask them questions, talk about the pictures, have fun!

Currently, this program operates at the Southside, Salvation Army, and Center for Families Clinics.
♦ Notes about Confidentiality ♦

♦ As a medical professional you are expected to maintain patient confidentiality. This means that you will not reveal information regarding the patient to anyone outside the immediate professional setting. Since the MEDiC clinics are teaching clinics, it is expected that you will discuss the patient with your instructor and other students attending the clinic that day.

♦ You are not able to reveal any information regarding the patient to people outside the clinic setting without the patient’s specific permission to do so. If the patient needs follow up by a public health nurse or other professional you should obtain written consent to release information regarding their case prior to doing so. Forms for this purpose are available at the clinics.

♦ If you wish to discuss patients with other colleagues outside the clinic setting, it is acceptable to discuss patient care in general terms, but you should not reveal particular patient names or details which might identify a patient without their consent.

♦ In order to maintain confidentiality with a family, you may need to ask to interview adolescent or adult patients privately. While you are expected to discuss particulars about a child’s health with their parents or guardian, you need consent to discuss details of an adolescent or adult case with other family members. Issues such as sexuality and drug or alcohol use are particularly sensitive topics that you must have specific permission to discuss.

♦ Exceptions to maintenance of confidentiality are suspected child abuse or neglect, and situations where it is judged that the patient may be of harm to themselves or others (suicide or violent behavior). You will not be expected to make such judgments. If you have concerns that these issues are present, discuss them with the attending physician.

♦ Never transmit patient information electronically (via email).

♦ Always be aware of HIPAA guidelines. Violations of HIPAA guidelines may constitute a Federal offense.

♦ Do not discuss patient information in the Health Sciences Learning Center because some patients from our clinics spend time there.

♦ Noon Seminars ♦

Noon seminars sponsored by MEDiC provide a means of augmenting your volunteer experience with MEDiC. These presentations vary widely, from issues pertaining to homelessness, community health and social service resources, and cross cultural health issues. The talks are meant to provide insight in the needs of the communities served by our clinics. These seminars are excellent opportunities to build your clinical skills and increase your awareness of “systems” issues that have an impact on the healthcare of MEDiC patients, and they are strongly encouraged for any student who wants to volunteer at a MEDiC clinic and/or participate in the MEDiC Council.
Cultural Awareness, Sensitivity, and Humility

It is not unlikely that patients you will encounter in MEDiC clinics will come from cultural backgrounds with which you may be unfamiliar. Every patient encounter presents communication challenges due to individual, experiential, cultural, geographic, familial, education, linguistic, and other differences.

Keep the following in mind in EVERY patient encounter:

♦ Begin by being more formal with clients from another culture. Start with using the client's last name, or ask for preference in address.
♦ Do not be insulted if the client does not make eye contact or questions your intervention plan.
♦ Do not make assumptions about the client's ideas about managing his or her life or health. Adopt a line of questioning that will clarify some of the client's cultural beliefs.
♦ Allow the client to be open and honest. Do not discount beliefs that are not found in your culture (or in western medicine).
♦ Do not discount the possible effects of someone’s belief that the supernatural can effect on health and wellbeing and be sensitive to any home or cultural remedies or healing practices they may be using.
♦ Inquire directly about the client's cultural attitudes toward health and well-being.
♦ Try to ascertain the value of involving family in care plans.
♦ Be restrained in relating bad news until you understand the cultural position on 'need to know.'
♦ Whenever possible, incorporate the client's cultural beliefs into the care plan.
♦ Do not treat the client in necessarily the same manner you would want to be treated.
♦ Treat all differences with respect.

Cultural insensitivity can have a negative effect on clinical outcomes. Ignoring culture can lead to negative health consequences in a variety of ways:

♦ Patients may choose not to access needed services for fear of being misunderstood or disrespected;
♦ Providers may miss opportunities for screening because they are not familiar with the prevalence of conditions among certain minority groups (Lavizzo-Mourey and Mackenzie 1996; Lawson 1996; Moffic and Kinzie 1996);
♦ Providers may fail to take into account differing responses to medication (Lavizzo-Mourey and Mackenzie 1996; Lawson 1996; Moffic and Kinzie 1996);
♦ Providers may lack knowledge about traditional remedies, leading to harmful drug interactions (Lavizzo-Mourey and Mackenzie 1996; Lawson 1996; Moffic and Kinzie 1996);
 Providers may make diagnostic errors resulting from miscommunication (Lavizzo-Mourey and Mackenzie 1996; Lawson 1996; Moffic and Kinzie 1996);
Patients may not adhere to medical advice because they do not understand or do not trust the provider;
Providers may order fewer diagnostic tests for patients of different cultural backgrounds because they may not understand or believe the patient’s description of symptoms. Alternatively, providers may order more diagnostic tests to compensate for not understanding what their patients are saying.

(from: Provider's Guide to Quality and Culture at: http://erc.msh.org)

Culturally informed health care may result in the following improved outcomes

♦ More successful patient education, because culturally sensitive clinicians can target, tailor, and communicate health-related messages more effectively.
♦ Increases in patients’ health-care-seeking behavior, by improving trust and understanding between clinician and patient.
♦ More appropriate testing and screening, because clinicians will have more knowledge about the genetic background, risk exposure, and common health-related behavior in various cultural groups.
♦ Fewer diagnostic errors, as a result of more comprehensive and more accurate medical histories.
♦ Avoidance of drug complications, by discovering home or folk remedies used by patients.
♦ Greater adherence to medical advice, because clinicians establish a treatment plan that is most consistent with the patient’s cultural beliefs and lifestyle. Thus, patients better understand how to follow the treatment plan.
♦ Expanded choices and access to high-quality clinicians, because patients are no longer restricted to a small pool of clinicians who share their language and culture.

(from: Provider's Guide to Quality and Culture at: http://erc.msh.org)

Racial and Ethnic Disparities in Health Care

In 2002 the Institute of Medicine published Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (Smedley, Smith, and Nelson). This is a comprehensive articulation of what was already apparent to many in health care - that health outcomes vary by race and ethnicity. And because these disparities occur even when controlling for other factors—income, age, insurance status, severity of condition—it’s clear that this is not merely a function of access, of poorer people not being able to afford health care and therefore experiencing worse outcomes, but instead is evidence of unequal treatment of patients.

Unequal Treatment established unequivocally that disparities occur due to differential treatment within clinical settings of members of different races and ethnicities. In so doing, the report marked a turning point for the study of health disparities. “The real challenge lies not in debating whether disparities exist because the evidence is overwhelming,” said Alan Nelson, chair of the Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care. Now
the health care field needs to focus on "developing and implementing strategies to reduce and eliminate [disparities]."

♦ Practice Universal Blood and Body Fluid Precautions ♦

ST. MARYS HOSPITAL MEDICAL CENTER
GUIDELINES FOR PREVENTION OF BLOODBORNE ILLNESSES

Consider all Blood and Body Fluid as potentially infectious. Use appropriate barrier precautions.

BODY FLUIDS TO WHICH UNIVERSAL PRECAUTIONS APPLY:

- Blood
- Synovial fluid
- Visibly bloody fluids
- Peritoneal fluid
- Semen
- Pericardial fluid
- Vaginal secretions
- Amniotic fluid
- Cerebrospinal fluids

BODY FLUIDS TO WHICH UNIVERSAL PRECAUTIONS DO NOT APPLY UNLESS VISIBLY BLOODY:

- Tears
- Sweat
- Nasal secretions
- Urine
- Saliva
- Feces
- Sputum
- Vomitus

WEAR GLOVES:
- When touching blood, body fluids requiring universal precautions, mucous membranes, or non-intact skin of all patients.
- When handling items or surfaces oiled with blood or body fluids requiring universal precautions.
- During invasive procedures including the starting of IV’s and the drawing of arterial and venous blood specimens (phlebotomy).

WEAR GOWNS (OR APRONS):
- During procedures that are likely to generate splashes of blood or other body fluids requiring universal precautions which may expose mucous membranes of mouth, nose and eyes.

WEAR MASKS AND PROTECTIVE EYEWEAR:
- During procedures that are likely to generate droplets of blood or other body fluids requiring universal precautions which may expose mucous membranes.
- Where a mask when in the presence of a suspected Tuberculosis patient.
  (At MEDiC, please mask with all coughing patients)

INJURY PREVENTION:
- Disposable syringes and needles, scalpel blades, and other sharp objects should be placed in puncture-resistant containers, located as close as practical to area of use.
- To prevent needle-stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.

♦ MEDiC Critical Incident Contact Flowchart ♦

```
Critical Incident
(infectious exposure, risk management issues, etc.)

Notify Clinic Coordinator
```
1st: Notify Doug Dulli
Medical Director
Phone: (608) 263-9058
Email: dulli@neurology.wisc.edu

2nd: Notify Clinic Medical Director by phone or email (see directory on back cover for numbers)

3rd: Notify Kristi Jones
CSP Director, within 24 hours
Phone: (608) 262-4204
Email: kfjones@wisc.edu

4th: Notify Meghan Hughes
MEDiC President, within 24 hours
Phone: (917) 279-8985
(check that contacts have happened)

If Doug and CMD are not available:
Notify Byron Crouse
Associate Dean of Rural and Community Health
Phone: (608) 265-6724
Email: bjcrouse@wisc.edu

If Byron is not available:
Notify Gwen McIntosh
Associate Dean of Students
Phone: (608) 263-4920
Alt phone: (608) 262-7713
Email: pem@medicine.wisc.edu

MAKE SURE TO KEEP ALL PERSONAL INFORMATION CONFIDENTIAL!

Make sure to contact Doug and CMD as they become available.
United Way 2-1-1

As resources change, Community Resource Coordinators suggest consulting United Way 2-1-1 for the most updated resources and navigating current resources. You can access 2-1-1 resources by dialing 2-1-1 on any phone or by visiting www.211now.org. A description of 2-1-1 services is included for your information:

- The mission of United Way 2-1-1 is to provide easy, simple access to health and human services, to give callers an opportunity to give or get help, and to serve as a hub for community information in times of disaster.
- 2-1-1 service is free and confidential, available 24 hours a day, 7 days a week.
- Certified Information & Referral Specialists assist callers by helping them assess their needs and identify appropriate community-based resources.
- Specialists also educate callers about the service they are being referred to so they are empowered to navigate systems and advocate for services on their own behalf.

BadgerCare Plus

Purpose

BadgerCare Plus is a program for children under 19 years of age, families in Wisconsin who need and want health insurance, and single childless adults below the Federal Poverty Level. BadgerCare Plus is for all kids, regardless of income, but it is also about more than just kids. It offers access to comprehensive, affordable health care to many families and pregnant women in Wisconsin.

Who Can Enroll

As of April 1, 2014, the following people are able to enroll in BadgerCare Plus:

- An adult with income at or below 100% of the Federal Poverty Level (FPL).
- A pregnant woman with income at or below 300% of the FPL.
- A child (under age 19) with household income at or below 300% of the FPL.
- Please note: a child or pregnant woman with a household income above 300% of the FPL may be able to enroll in BadgerCare Plus by meeting a deductible.
- If a family with household income between 100% and 300% FPL submits an application for health insurance through the Marketplace, the adults in the household would purchase their health insurance through the Marketplace while the applications for the children will be transferred to BadgerCare Plus for enrollment. Please see Letter 10 for additional information that was mailed to individuals who applied for health care at the Marketplace and were determined eligible for BadgerCare Plus. (Updated 12/20/13)

For more information:  http://www.dhfs.state.wi.us/badgercareplus/
Federal Poverty Levels (FPL) as of Feb 2016

For more information, see: http://www.dhs.wisconsin.gov/badgercareplus/fpl.htm

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Medicare

Medicare consists of four parts:
- Medicare Part A (Hospital Insurance) helps cover your inpatient care in hospitals. Part A also helps cover skilled nursing facility, hospice, and home health care if you meet certain conditions.
- Medicare Part B (Medical Insurance) helps cover medically-necessary services like doctors’ services and outpatient care. Part B also helps cover some preventive services to help maintain your health and to keep certain illnesses from getting worse.
- Medicare Part C (Medicare Advantage Plans) is another way to get your Medicare benefits. It combines Part A, Part B, and, sometimes, Part D (prescription drug) coverage. Medicare Advantage Plans are managed by private insurance companies approved by Medicare. These plans must cover medically-necessary services. However, plans can charge different copayments, coinsurance, or deductibles for these services.
- Medicare Part D (Medicare Prescription Drug Coverage) helps cover prescription drugs. This coverage may help lower your prescription drug costs and help protect against higher costs in the future.

Medicaid – In Wisconsin

Program Description
Wisconsin Medicaid is a health care program for people with disabilities, people 65 years and older. Wisconsin Medicaid offers free or low-cost health care coverage to many Wisconsin residents.

General Program Requirements
You may be able to enroll if:
- You are a Wisconsin resident
- Age 65 or older, are blind or a person with a disability
- Your income and assets are at or below the monthly program limit
- You are a United States citizen or qualifying immigrant.

See: http://www.dhs.wisconsin.gov/medicaid/ for more information
Many patients are victims of domestic violence. Therefore, it is very important that we as health care providers know how to recognize the signs of an abused person and what we should do about it. The most important thing to remember when talking with a person who has been or is being abused is to show concern and respect for that individual. Screening for domestic violence is important with every patient, which is why many health care providers (including MEDiC participants) typically ask every patient whether they feel safe in their home and with their family.

We encourage you to use the Wisconsin Coalition Against Domestic Violence as a resource: http://www.wcadv.org/

For resources in Dane County, contact: Domestic Abuse Intervention Services (DAIS) 608-251-4445, 1-800-747-4045, **Statewide Hotline: 800-799-7233**
# MEDiC Directory 2015 - 2016, medic@lists.wisc.edu

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Department</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Meghan Hughes</td>
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